

**Application Data Sheet**  
**Application Information**

**Application number::**  
**Filing Date::**  
**Application Type::** Regular  
**Subject Matter::** Utility  
**Suggested classification::**  
**Suggested Group Art Unit::**  
**CD-ROM or CD-R?::** None  
**Number of CD disks::**  
**Number of copies of CDs::**  
**Sequence submission?::** Paper  
**Computer Readable Form (CRF)?::**  
**Number of copies of CFR::**  
**Title::** DYNAMIC CODE GENERATION METHOD  
**Attorney Docket Number::** BEAS-01316US3  
**Request for Early Publication?::** NO  
**Request for Non-Publication?::** NO  
**Suggested Drawing Figure::** 1  
**Total Drawing Sheets::** 1  
**Small Entity?::** NO  
**Latin name::**  
**Variety denomination name::**  
**Petition included?::** NO  
**Petition Type::**  
**Licensed US Govt. Agency::**  
**Contract or Grant Numbers::**

**S crecy Order in Parent Appl.?::** NO

### **Applicant Information**

**Applicant Authority Type::** INVENTOR  
**Primary Citizenship Country::** US  
**Status::** FULL CAPACITY  
**Given Name::** WILLIAM  
**Middle Name::** JOHN  
**Family Name::** GALLAGHER  
**Name Suffix::**  
**City of Residence::** EASTON  
**State or Province of Residence::** PA  
**Country of Residence::** US  
**Street of mailing address::** 1885 DAYTON DRIVE  
**City of mailing address::** EASTON  
**State or Province of mailing address::** PA  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 18040

### **Correspondence Information**

**Correspondence Customer Number::** 23910  
**Phone number::** (415) 362-3800  
**Fax Number::** (415) 362-2928  
**Email address::** SBachmann@fdml.com

### **Repr sentative Information**

**Representative Custom Number::** 23910

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	An Application claiming the benefit under 35 USC 119(e)	60/450,987	02/28/03

### **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

### **Assignee Information**

**Assignee Name::** BEA SYSTEMS, INC.

**Street of mailing address::** 2315 NORTH FIRST STREET

**City of mailing address::** SAN JOSE

**State or Province of mailing address::** CA

**Country of mailing address::** US

**Postal or Zip Code of mailing address::** 95131